

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41791

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 10877
City St. Louis (No. 1624, Belt Ave.)

File No.
Registered No. 10877
St. Ward

2. FULL NAME

(a) Residence, No. 1624 Belt Ave. St. 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emilie M. Fennel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 25

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Freight Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Belt R.R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breslau Germany

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Bertha Heisl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emilie M. Fennel (ADDRESS) 1624 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions bur. DATE Dec. 8 1932

19. UNDERTAKER Geo. L. Plitnick Inc. (ADDRESS) 5486 Eastern Ave.

20. FILED DEC - 8 1932 W. C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance 1932 to in attendance 1932

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, A. O. H. S. R. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Nephritis
Chronic Myocarditis

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No Injury

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. W. Fennel, M. D.

(Address) St. Louis

MARGIN RESERVED FOR BINDING

V.S. NO. 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

